COMBINED DECLARATION AND POWER OF ATTORNEY FOR A PATENT APPLICATION

INVENTORSHIP IDENTIFICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD AND APPARATUS FOR SEMI-BLIND COMMUNICATION CHANNEL ESTIMATION

SPECIFICATION IDENTIFICATION

the specification of which

XX is attached hereto.	
was filed on	as
United States Application	
or PCT International Application Number	
and was amended on	
(if applicat	ole)

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)~(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign App	lication(s)			ority med	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No	
I hereby claim the ber States provisional app		nited States Code, Section 119(6 w	e) of any t	Jnited	
	(Application Number) (Filing				
	(Application Number)	(Filing Date)			
(Application Number		nternational filing date of this a (Status - patented, pe			
(Application Number) (Filing Date	(Status - patented, per	ending, abandoned)		
	POWE	R OF ATTORNEY			
Jason K. Klindtworth, attorney/agent; with	Reg. No. 47,211; Rob full power of substitu	teg. No. 35,432; Robert A. Dieh bert T. Watt, Reg. No. 45,890; a tion and revocation, to prosecu and Trademark Office connected	s my pate: te this ap	nt plication	
Send correspondence to:		Direct telephone calls to: (Name and telephone number)	Direct telephone calls to: (Name and telephone number)		
COLUMBIA IP LAW (4900 SW Meadows R Lake Oswego, Oregon	oad, Suite 109	Aloysius T.C. AuYeung 503-534-2800			

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of	Sole/Firs	t Inventor: Be	nrouz farnang-bor		
Inventor's Si	gnature:			Date:	
Residence:	Salt Lake	e City, Utah		_ Citizenship:	Iran
		(City, Sta	ate)		(Country)
Post Office A	ddress:	c/o University	of Utah, Electical E	ingineering Dep	partment, 50 S. Central
		Campus Dr., F	Rm 3280 MEB, Salt	Lake City, Utah	84112~9206
Full Name of	f Ioint/Sec	cond Inventor:	Francois Po Shin C	Chin	
Inventor's Si				Date:	
Residence:	Singapo	re.		Citizenship:	Singapore
Restactice.	<u>omgape</u>	(City, St	ate)	_	(Country)
Post Office A	Address:		goon Central #02-	228	
		Singapore 550			
		<u> </u>			
E-11 Name o	f Ioint /Th	ind Inventor	Chin Keong Ho		
	-	ma mventor.	Cliff Reolig 110	Date:	
Inventor's S	-			Citizenship:	Singapore
Residence:	Singapo	(City, St	tate)	CITIZETIOIIIP.	(Country)
Post Office	Address.		k North Ave. 4 #04	~1435	•
rost Office I	Addicss.	Singapore 46			
		Jingapore 40	1001		
	a - 1	.4 *			
		urth Inventor:		Date:	
Inventor's S	ignature:				
Residence:				_ Citizenship:	(Country)
4.44		(City, S	tate)		(Country)
Post Office	Address:				
Full Name o	of Joint/Fi	fth Inventor:			
Inventor's S				Date:	
Residence:	9			Citizenship:	
		(City, S	State)		(Country)
Post Office	Address:				